	OMPLETE	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	THE SCHEDULE	JUDES ONLY	THIS FORM INCL	•
		ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	RESPONDING S	CH THE COR	ATTAC	
Yes No	00 from a 5?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	D. Did y liability (
Yes No	jernent with an urrent calendar	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	C. Did you or you honoraria, or pen reporting period?
Yes No	reporting period or Ning?	Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No C	Yes	A. Did you, your spouse, or your dependent child:     a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or     b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	A. Didy a. Ov b. Re as
			QUESTIONS	4 OF THESE	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	PRELI
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 penalty sha individual who files	nt Period Covered: January 1, 2017 to 4/30/2018	Staff Filer Type: (If Applicable) Shared Principal Assistant	Staff File Shared	New Officer or Employee  Employing Office:	STATUS
(Office Use Only)	© <	Check if Amendment	SS NS	State: District: Jun 5, 2018	New Member of or Candidate for U.S. House of Representatives  Candidates - Date of Election:	FILER
# 15 # 5 # 5	1617	Daytime Telephone: <u>202-225-5031</u>	Daytime Teleph		Name: <u>Hon, Michael Guest</u>	Nam
DELI	2	FORM B For New Members, Candidates, and New Employees		ENTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FINA

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

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TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Name: Hon. Michael Guest

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BANK ( BCSCD) - BANCORPSOUTH BANK - CD	BANK () - TRUSTMARK NATIONAL BANK	BANK () - COMMUNITY BANK OF MISSISSIPPI	AF (D1) - (CA/BX) - American Funda Capital Inc Bidr A	AF (CAIBX) - American Funds Capital Inc Bldr A	ARC Hinder Fland	Examples Samon & Schuster	Mega Cop Stock	EIF	For bank and other cash accounts, higher thank and other cash accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment provide a complete address or description, e.g. "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business. The nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (rinks) and any financial income during the reporting period); and any financial income during the reporting period); and any financial interest in, or income during the reporting period); and any financial interest in, or income during the reporting period); and any financial interest in, or income during the financial financial retirement program, including the Thilf Savings Plan. If you report a privately traded fund that is, an Excepted investment Fund, please check the "Elifficial financial column on the far left, in the optional column on the far left, for a detailed discoussion of Schedule A requirements, please refer to the instruction booklet.	account that exceeds the reporting thresholds.	(do not use only sicker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset had in	N 187- W 1	Assets and/or income Sources	BLOCKA
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Name: Hon. Michael Guest

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Name: Hon. Michael Guest

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Name: Hon. Michael Guest

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Name: Hon. Michael Guest

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BLOCK A Assets and/or Income Sources				ASSET NAME	CORP HIGWARSHP MTG REV SER A BE FHLMC CPN 4.550% DUE 12/01/31	KINV-LPL (80535QPE4) - MISSISSIPPI HM CORP SNGL FAM MTG REV RFDG SER B BG CPN 3.850% DUE 12/01/35	KINV-LP. (6055807D5) - MISSISSIPPI ST REDG CAP IMPTS PJ SER A BIE PTC CPN 5.000% DUE 10/01/26	HANYLPL (805580UE7 ) - MISSISSIPPI ST HINNERG BIE PTC VINCPN 5.000% DUE 11/01/23	KINV-LPL (805580UG2 ) - MISSISSIPPI ST BE INVOID @98.084 4.4% INVOPN 4.250% DUE 11/01/25	KINVALPL (605580UHO ) - MISSISSIPPI ST BJE YNYCHD \$58.020 4.4% YNYCPN 4.250% DUE 11/01/26	H DE OID @98.521 3.1% CPN 3.000% DUE	HINV-LPL (805581DA2) - MISSISSIPPI ST SER H BE OID @97.718 3.16% CPN 3.000% DUE 12/01/31	KINV-LPL (802581DB0) - MISSISSIPPI ST SER H BIE OID @88.601 3.22% CPN 3.125% DUE 12/01/22	SER D 8/E CPN 3.00% DUE 1201/35	KINV-LPL (805581KH8) - MISSISSIPPI ST SER D BE OID @89 283 3.05% CPN 3.000% DUE 12/01/26	KINV-LPL (80358 KJS) - MISSISSIPPI ST SER D BE OID @88.513 3.08% CPN 3.000% DUE 12/01/37	UNIV-LPL (805899HR1 ) - MISSISSIPPI ST UNIV EDL MYBLIDG REV COLVARO STIDNT WINLIN A AMBAC BIE DIDBB.79Z/NYCPN 4,500% DUE 04/01/21
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Name: Hon, Michael Guest

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Name: Hon. Michael Guest

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Name: Hon, Michael Guest

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		1					-		<del> </del>	-				\$1,000.001-\$5.000,000 ×	1 1	Ę	
annual management of the				THE PERSON NAMED OF THE PE	Aller promotes and	- In the latest and t	and with the last of		The second second		***		-	Over \$5,000,000 😤	4 1	2 2	9
		×			×						×	×		Spouse/DC Income over \$1,000,000° \(\geq \) None	Н	of of	BLOCK D
	-	1-	-	<del>                                     </del>		-	-	×	+	-	<del>  ^</del>	<del>  ^</del>	-	11-\$200 ==		Amount of Income	ä
	×		<del> </del>	$\vdash =$	<del> </del>	×	×	1-	<del> </del>	×	<del>                                     </del>	1	-	\$201-\$1,000	1 1	) a	
×		1	×	<del>  ^</del>		<del>  ^</del>	<del>  ^</del>	-	×	<del> </del>	1	1	+	\$1,001-\$2,500	1	,	
<del></del>	<del> </del>	<del>                                     </del>	<del>  ~</del>	+	<del> </del>		-	1	1	1		1		\$2,501-\$5,000 <	121		
		1		name of the same		-	***************************************	- Management		1				\$5,001-\$15,000 S	邕		
		1	<b>—</b> —		1	<b>†</b>			1		1	1		\$15,001-\$50,000 §	3		
	<del>                                     </del>	<b>†</b>	1	<b>†</b>			<b>T</b>	†	1	1	]	1	1	\$50,001-\$100,000	5		
				1										\$100,001-\$1,000,000 🔀	5		
														\$1,000,001-\$5,000,000 ×			
										<u> </u>	ļ			Over \$3,000,000 🛎			
	11		L	1			Í	1		1		1	Ĺ	Spouse/DC Income over \$1,000,000° 💆			

Name: Hon. Michael Guest

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SP	SP SP	SP	-Sb	3,5,¢				
TRUST-KE (K1) - 01-THOMAS C KENNEDY FAMILY TRUST	TRUST-VE (990249013) - KENNEDY INVESTMENTS LIMITED PARTNERSHIP	TRUST-KF (914476PU4) - UNIV MS EDUCTNI, BLOG CORP CAMPUS IMPT PROJ. SER A REV BOS FED 4 ST TAX-EXEMPT OID DTD 03/25/2015 3.5%	TRUST-4F (914476MM2) - UNIV MS EDUCTML BLOS CORP STUDENT HSG CONSTRUCTON-SER I REV BDS FED & ST TAX-EXEMPT 10/26/2011 3.85% 10/1/2017	ASSET NAME				BLOCK A Assets and/or income Sources
				ES.		_	_	
×	×	*	×		None \$1.51,000 \$1.001-\$15,000 \$15,001-\$15,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$1,000,000 \$1,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000	, c		BLOCK 8 Value of Asset
		ļ	<u> </u>		Over \$50,000,000			
		ļ	ļ		Spouse/DC Asset over \$1,000,000*	3	:	
X Parmer ship	×	×	×		DIVIDENDS  RENT INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify e.g. Partments) frooms or Farm Income)			BLOCK C Type of Income
	<b>}</b>			-		٠.,	_	
	×	×	×		None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$3,000 \$5,001-\$15,000 \$15,001-\$15,000 \$10,001-\$100,000 \$100,001-\$1,000,000 \$10,000-\$5,000,000 Over \$5,000,000 Spoise/DC Income over \$1,000,000	BX XX XX 88A NA NA A A M NA B XX XX	Current Year	BLOCK D  Amount of Income
×	×	×	×		Nom \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000 \$100,001-\$50,000 \$1,000,001-\$50,000 \$5,000.500,000 \$5,000.500,000 \$5,000.500,000	W X X M M M M M M M M M M	Preceding Year	ok D of Income

### **SCHEDULE C - EARNED INCOME**

Name: Hon. Michael Guest Page (C) 1 of 1

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

Members and empl professional service	INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	come may apply to you after yomit is \$28,050. In addition, cert	ain types of income (notably honoral	are on House payroll. The 2017 limit on outside earned income for types of income (notably honoraria, director's fees, and payments for
2			Am	Amount
·	Source (include date of receipt for nonorana)	Туре	Current Year to Filing	Preceding Year
	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples	State of Maryland	Salary	\$20,000	\$76,000
	Crist visit (Notificial Oct. 2). Oriento County Board of Education	Spouse Sparary	N/A	WA
STATE OF MISSISSIPPI	SIPPI	SALARY	\$28287	\$87860
RANKIN COUNTY	RANKIN COUNTY BOARD OF SUPERVISORS	SALARY	\$2341	\$7024
MS COURT COLLECTIONS	ECTIONS	SALARY	\$800	\$2400

### SCHEDULE D - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you Name: Hon. Michael Guest Page (D) 1 of

		Sp. 3d.			rent it you by 'Colun
TRUSTMARK NATIONAL BANK	Example First Bank of Wilmongton UE	Creditor		The state of the s	rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you or you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only: "Column K is for liabilities held solely by your spouse or dependent child.
3/2012	5-15	Date Liability Incurred MO/YR			s, household fur your spouse. If pendent child.
MORTGAGE ON PERSONAL RESIDENCE	Modigage on Hental Property Dover, DE	Type of Liability		STATE OF THE PROPERTY OF THE P	niture, or appliances: liabilities of a business teport a revolving charge account (i.e., cr
	······································	\$10,001- \$15,000	<b>&gt;</b>		n which edit card
		\$15.001- \$50,000	OP;		you own
		\$50,001- \$100,000	0		an inter
×	*	\$100,001- \$250,000	<b>Q</b>	A	est (uni nce at t
		\$250,001~ \$500,000	m	nuom	ess you he close
		\$560,001 \$1,000,000	75,	Amount of Liability	are per
		\$1,000,001- \$5,000,000	ଦ	billty	sonally i
		\$5,000.001- \$25,000.000	4		liable); a g penod
		\$25 000,001- \$50 000,000	***		wn an interest (unless you are personally liable); and liabilities owed to if the balance at the close of the reporting period exceeded \$10,000.
		Over \$50.000.000			ibes ow led \$10
		Over \$1,000,000* (Spouse/DC Liability)	,ж		98

### SCHEDULE E - POSITIONS

Name: Hon. Michael Guest Page (E) 1 of 1

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions

held in any religious, social, fraternal, or political entities (suc	held in any religious, social, fraternal, or potitical entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization
BOARD MEMBER	MS CRIME STOPPERS ADVISORY COUNCIL - 2016 - 2018
BOARD MEMBER	THE BOARD ON LAW ENFORCEMENT OFFICER STANDARDS AND TRAINING - 2016 - 2018
BOARD MEMBER	CENTRAL MS CRIME STOPPERS - 2016 - 2018
PRESIDENT	RANKIN COUNTY EDUCATIONAL FOUNDATION- 2016 - 2018
PRESIDENT-ELECT (PREVIOUSLY VICE-PRES)	MS PROSECUTORS ASSOCIATION - 2016 - 2018
PRINCIPAL/OWNER	GUEST LAW PLLC (BUSINESS IS INACTIVE) - 2016 - 2018

### SCHEDULE F - AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. Name: Hon. Michael Guest Page (F) 1 of

	Date	
NONE	Parties to Agreement	
None	Terms of Agreement	

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Name: Hon. Michael Guest Page <u>(J) 1</u> of <u>1</u>

	NONE	_
Accounting Services	Example: Doe Jones & Smith, Hometown, Homestate	
Brief Description of Duties	Source (Name and City/State)	_
report sources of compensation received by you of your obstress antiation for services provided directly by you during the current year and two prior years. Inits includes the names of cients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.	report sources of compensation received by you or your outliness antifation for services provided directly by you during the cu- customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repea	

### FILER NOTES (Optional)

NOTE NUMBER None of the positions was compensated unless otherwise indicated in the disclosure. KINV - This partnership has as multiple beneficiaries including the Congressman's wife and children. TRUST-KF - This trust has as multiple beneficiaries including the Congressman's wife and children. NOTES

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